## **STATE OF MONTANA**

## UCC CONSUMER GOOD REFILING FORM

MAIL: Brad Johnson
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

Helena, MT 5962 (406)444-2468

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For Secretary of State Use Only

Note: This form is to be used to transfer Consumer Good liens filed at the County level prior to July 1, 2001 to the Montana Secretary of State in accordance with Revised Article 9.

Debtor's Legal Name/Address		Secured Party's Name /Address	
Financing Statement Number	Filing Date and Time	Sec	retary of State Filing Number
Amendment Number(s)	Filing Date and Time		etary of State Filing Number(s)
Clerk's Certification: I hereby certify that the above listed documents are true and exact copies of documents on file in  County on		documents are l Montana Secret	hat the above listed being filed with the ary of State.
Clerk and Recorder's Signature		Secured Party's Signature	